Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services Office of MaineCare Services – Delivery System Reform 11 State House Station Augusta, Maine 04333-0011

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Accountable Communities Quality Measures, Performance Year 9 (7/1/2022-6/30/2023)

Measure Chronic Conditions	Core/Elective	Measure Definition	Comparison group
Controlling High Blood Pressure	Core	Percentage of Members age 18-85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled, e.g. <140/90 mmHg eCQM (CBP)	Evidence-Based Benchmark
2. Diabetic Glucose (a) Glucose Poor Control (b) HbA1c Testing	Core	 (a) HbA1c Poor Control: Percentage of Members age 18-75 years with diabetes whose most recent HbA1c level during the measurement year was greater than 9.0% or was missing a result, or if an HbA1c test was not done during the measurement year. (b) HbA1c Testing: Percentage of Members age 18-75 years with diabetes who received an HbA1c test during the measurement year. eCQM (122) 	(a) Evidence-Based Benchmark (b) Maine non-AC practices
3. Colorectal Cancer Screening	Core	Assesses adults 50-75 who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed	Maine non-AC Practices

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		tomography colonography every 5 years, stool DNA test every 3 years		
		HEDIS (COL)		
Behavioral Health	AGI IF I			
	Of the following three measures, the AC Lead Entity must select at least two.			
4. Screening for Depression and	Elective	Percentage of patients age 12 years and older screened	Evidence-Based	
Follow-up Plan		for depression on the date of the encounter or 14 days	Benchmark	
		prior to the date of the encounter using an age		
		appropriate standardized depression screening tool AND		
		if positive, a follow-up plan is documented on the date of		
		the eligible encounter		
		eCQM (CMS2v9)		
5. Concurrent Use of Opioids and	Elective	Percentage of Members age 18 years and older with	Maine non-AC practices	
Benzodiazepines		concurrent use of prescription opioids and		
		benzodiazepines.		
		CMS Adult Core Set (COB-AD)		
6. Follow-Up after	Elective	(a) <i>Children</i> : Percentage of discharges for children ages	Maine non-AC practices	
Hospitalization for Mental		6 to 17 who were hospitalized for treatment of		
Illness		selected mental illness diagnoses and who had a		
(a) Children		follow-up visit with a mental health practitioner. Two		
(b) Adults		rates are reported. Percentage of discharges for which		
		children receive follow-up within 30 days of		
		discharge; Percentage of discharges for which		
		children received follow-up within 7 days of		
		discharge.		
		(b) Adults: Percentage of discharges for adults ages 18		
		and older who were hospitalized for treatment of		
		selected mental illness diagnoses and who had a		
		follow-up visit with a mental health practitioner. Two		
		rates are reported. Percentage of discharges for which		

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		children receive follow-up within 30 days of	
		discharge; Percentage of discharges for which	
		children received follow-up within 7 days of	
		discharge.	
		HEDIS (FUH-AD, FUH-CH)	
Reproductive and Child Health			
7. Child and Adolescent	Core	(a) <i>Children</i> : The percentage of children 2 years of age	Maine non-AC practices
Immunization Status		who had Combination 10 vaccines by their second	
(a) Children		birthday. Combination 10 includes DTaP, IPV,	
(b) Adolescents		MMR, HiB, HepB, VZV, PCV, HepA, RV, and	
(1)		Influenza vaccinations.	
		CMS Child Core Set (CIS-CH)	
		(b) <i>Adolescents</i> : Adolescents 13 years of age who had	
		one dose of meningococcal vaccine, one tetanus,	
		diphtheria toxoids and acellular pertussis (Tdap)	
		vaccine, and have completed the human	
		papillomavirus (HPV) vaccine series by their 13 th	
		birthday.	
		CMS Child Core Set (IMA-CH)	
8. Well-Care Visits	Core	(a) Well-Child Visits ages 0-30 months: Percent of	Maine non-AC practices
(a) Well-Child Visits ages	2010	children with 6 or more well-child visits in the first	Traine non 110 practices
0-30 months		15 months and 2 or more visits for children who	
(b) Well-Child Visits ages		turned 30 months during the measurement year.	
3-21		HEDIS (W30)	
3-21		(b) Well-Child Visits ages 3-21: Percent of members 3-	
		21 years of age who had at least one comprehensive	
		well-care visit with a PCP or an OB/GYN	
		practitioner during the measurement year.	
		HEDIS (AWC)	
		TILDIS (AVC)	

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9. Lead Screening in Children	Core	Percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday. HEDIS (LSC)	Maine non-AC practices
10. Developmental Screening	Core	The Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the first three years of life. OHSU (DEV)	Maine non-AC Practices
Of the following two measures, the	AC Lead Entity	will be scored on the measure which reflects better AC performance	rmance
11. Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Elective	Percentage of children, 6 months-20 years of age, who received a fluoride varnish application during the measurement period CAR (CMS74v10)	Maine non-AC Practices
12. Contraceptive Care	Elective	Among women ages 15-44 at risk of unintended pregnancy, the percentage that: 1. Were provided a most effective or moderately effective FDA-approved method of contraception. 2. Were provided a long-acting reversible method of contraception (LARC). OPA (CCW)	Maine non-AC Practices
Avoidable Use	·		
13. Prevention Quality Indicator #92: Prevention Quality Chronic Composite	Core	Prevention Quality Indicator (PQI) composite of chronic conditions per 100,000 population, ages 18 years and older. AHRQ (PQI #92)	Maine non-AC practices
14. Non-emergent ED Use	Core	Members' non-emergent ED visits per 1,000 member months.	Maine non-AC practices
15. Plan-All Cause Readmission	Core	For Members 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days	Maine non-AC practices

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		HEDIS (PCR)	
Patient Experience			
16. Patient Experience Survey	Core	Consumer Assessment of Healthcare Providers and Systems (CAHPS, child and adult version) or other validated patient experience measure, to be negotiated by the Department and the AC Lead Entity CAHPS	Evidence-Based Benchmark